| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | TD | | 9-1-00 |
| O.I.P.E. CLASSIFIER | | 48 | 9/12/00 |
| FORMALITY REVIEW | S.S | 69134 | 10-16-00 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | ............................ Rejected | N | .............................. Non-elected |
| = | ............................ Allowed | I | .............................. Interference |
| − | (Through numeral)... Canceled | A | .............................. Appeal |
| ÷ | ............................ Restricted | O | .............................. Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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